

## **SECTION 12C – INFECTION PREVENTION and CONTROL CULTURE POLICY**

### **I. GENERAL**

This policy defines the hospital culture policy and limits unnecessary culturing of the environment, patients and personnel in the DHCN.

### **II. SPECIFIC**

#### **A. Environmental Culturing:**

1. Routine environmental culture programs are not considered cost effective or justifiable because the incidence and prevalence of nosocomial infection has not been related to levels of general microbial contamination of the air or of environmental surfaces.

2. Microbiologic sampling should be directed toward evaluation of contamination known to be associated with a risk of nosocomial infection or should be used to investigate specific objects or areas that have been incriminated epidemiologically in its transmission.

3. The following are the only areas authorized by the Clinical Administrative Steering Committee to do environmental sampling:

a. Any activity with steam and/or chemical sterilizers (CMS, OR, DENTAC, etc.).

b. Pharmacy - laminar flow hoods.

4. Other areas that may conduct environmental sampling (NOT routine) to confirm that a particular disinfection procedure is effective include Surgical Services and Anesthesia as well as Respiratory Care. Culturing will be performed only after consultation with the Infection Control and the Chief, Clinical Microbiology.

5. Any positive results of environmental sampling will be reported to the Infection Control Officer immediately.

#### **B. Personnel Culturing:**

1. Routine programs for monitoring hospital personnel have in the past included the culturing of nose, throat, or stool samples in an attempt to identify carriers of certain bacterial organisms.

2. In the absence of disease transmission with a specific pathogen, such culturing does not meaningfully predict the disseminating carrier.

3. The recognition of a disease problem should serve as the indication for culture of hospital personnel.

4. Nose cultures (anterior nares), skin lesion cultures, rectal swabs, and/or hand cultures may be done on hospital personnel when indicated as a result of a particular outbreak. These cultures will be done ONLY with authorization of the Chairman, Executive Committee of the Medical Staff or Chief, Preventive Medicine.

C. Patient culturing is limited to:

1. Requests by physicians that are documented in the clinical record.
2. Requests by Infection Control Officer for problem and outbreak investigation.
3. Registered nurses may culture for suspected infections, but MUST notify the patient's physician as soon as possible. This is to preclude inappropriate patient management, such as discharge with a positive culture because the physician was unaware a culture was taken.

**IV. Specimen collection** plays a major role in confirming, ruling out or differentiating a medical diagnosis. An accurately collected specimen provides the physician with accurate results and the laboratory with a representative sample of the infecting pathogen. During the collection process, it is essential that the specimen be protected from contamination by other sources.

A. For laboratory specimen collection procedures refer to Lippincott Manual of Nursing Practice, 6th ed. Use Standard Precautions during the collection of all specimens.

B. Blood cultures must be collected using strict aseptic technique. Refer to Lippincott pages 924 - 925.

C. Wound cultures are obtained to examine specimens taken from skin lesions or wounds microscopically, so that pathogenic organisms can be isolated and identified. A wound culture is ordered when infection is suspected. Sterile technique should be used whenever a wound drainage specimen is being collected. Exudate from the entire area should be collected, so that the sample is representative of the entire wound. Procedure: Lippincott pages 95, 925.

D. For Urine collection procedures: Lippincott pages 925, 589-591 adult, and 1141 pediatric.

E. Deliver specimens to lab as expediently as possible. If necessary to refrigerate specimens, only refrigerator designated as specimen refrigerator will be used. Ensure refrigerator is operating within correct temperature range (Reference Section 15)